

Effective November 10, 1998



09370860

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | * | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|--|----------------------|---------------------------------|-----------------------------------|-------|--|--------------------------------------|----------|-------------------|------------------------|------------|----------------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | lr | RATE | FEE | 1 1 | RATE | FEE |
| BASIC FEE | | | | | | | To see the second | (3) | NAIE | 380.00 | OR | MAIL | 760.00 |
| TC | OTAL CLAIMS | | <i>[i</i> ∕) minus 20= | | | * | | | X\$ 9= | - | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 7 | minus 3 = | | * } | | ╽┟ | X39= | | OR | X78= | 19 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | ▎┟ | +130= | | OR | +260= | 70 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | Ļ | TOTAL | | OR | TOTAL | 833 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | SMALL | ENTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | REM AF | AIMS AINING TER IDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | N OF M | Minus | ** | | = | | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +130= | | OR | +260= | |
| EXECUSS \$120 | | | | | | | | | TOTAL | | OR | TOTAL | |
| | | (Calı | | | 10 | Column (1) | (Column 2) | AD | DIT. FEE | | | ADDIT. FEE | |
| | | | umn 1) AIMS | | | Column 2) HIGHEST | (Column 3) | | | ADDI- | | | ADDI- |
| AMENDMENT B | | AF | AINING TER IDMENT | a single year | PI | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL |
| | Total | * 6 | 2/ | Minus | ** | 20 JT | = 1 | | X\$ 9= | | OR | X\$18= | |
| | Independent | * 5 | | Minus *** JLTIPLE DEPENI | | И | = / | | X39= | | OR | X78= | |
| | THOTFIEDE | INIAIIC | NA OL MIC | CHELL DE | CINE | DENT CLAIM | | | ⊦130= | | OR | +260= | |
| | | | | | | | | AD | TOTAL DIT. FEE | | OR , | TOTAL ADDIT. FEE | |
| | | (Colu | umn 1) | | (C | Column 2) | (Column 3) | | | | | | |
| AMENDMENT C | | REM/ | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | | X39= | | | X78= | |
| ۷ | FIRST PRESE | NTATIO | N OF MU | LTIPLE DEF | PEND | ENT CLAIM | | <u> </u> | 103- | | OR | 7/0= | |
| * 1 | f the entry in colur | nn 1 ie la | ace than the | e entry in colu | mn 2 | write "O" in col | umn 3 | L | ·130= | | OR | +260= | |
| *** | If the "Highest Nur If the "Highest Nur | nber Pre nber Pre | viously Pa | id For" IN THI: id For" IN THI | S SPA | ACE is less that ACE is less that | n 20, enter "20." n 3, enter "3." | ADI | TOTAL DIT. FEE | | | TOTAL ADDIT. FEE | |
| • | The "Highest Num | her Prev | iously Paid | For" (Total or | nde | nendent) is the | highest number | r found | in the ann | ronriate hov | in coli | ımn 1 | |